

1.Target Area: CHILD FIND/PUBLIC AWARENESS *(Updated 5-18-05)*

Review of Data:

❖ % of Infants and Toddlers Receiving Early Intervention Services

As of 5-10-05, Region VII was serving 3.2% of children under 3, and 2.5% of children under

1. Counties serving under this percentage are:

<u>Under 1</u>	<u>Under 3</u>
Grant	*Emmons
Kidder	Grant
*Sioux	*Sioux
*Emmons	
Oliver	

*Of primary concern are those counties with a census population over 100.

- ❖ Right Track has been effective in finding a large number of children eligible for EI in Burleigh and Morton counties.
- ❖ Data trend: More children are identified in larger populated areas (Bismarck and Mandan); lower number of referrals in rural areas; children are "older" when referred. In 2004, the average age of children referred was 16.9 months and the average age found eligible was 14.9 months. In 2005, the average age of children referred was 17.7 months and the average age found eligible was 16.5 months. 62% of children served in December 2004 lived in Burleigh county (Morton - 19%, Mercer - 6%, Oliver - 29%, McLean - 4%, Sheridan - 7%, Kidder - 1%, Emmons - 0%, Grant - 0%, Sioux - 4%).

- ❖ Other programs are available on the reservations (Tracking, Early Head Start, Right Track) and need to tie programs and services together.
- ❖ See Appendix A for North Dakota Kids Count Data 2004.

❖ 2004 Referral Sources

<u>Source</u>	<u>% of Total Referrals</u>	<u>% Eligible</u>
BECEP Right Track	48%	55%
Standing Rock Right Track	9%	26%
Families	10%	72%
Medical Community	22%	87%
(50% of those from St. A's NICU)		
CAPTA	5 referrals	0 eligible

63% of all referrals were found eligible

6% withdrew their application

3% were pending

❖ 2005 Referral Sources (1st quarter)

<u>Source</u>	<u>% of Referrals</u>	<u>% Eligible</u>
BECEP Right Track	45%	45%
Standing Rock Right Track	3%	50%
Families	12%	50%

CAPTA	3%	50%
Medical Community	26%	73% (ave.)
52% of all referrals were eligible		
16% were pending or withdrew their app.		
-1 - agency withdrew (1%)		
-8 - pending (12%)		
-1 - parent withdrew (1%)		
-1 - moved (1%)		

Right Track Report:

Standing Rock (January-November 2004)

108 completed screenings

83 children screened (31% of under 3 population in Sioux County)

Referral sources:

Standing Rock Tracking

Ft. Yates Public Health

Custer District Health

Standing Rock Early Head Start

St. A's Medical Center

Parents

BECEP (January-December 2004)

1859 - completed

1155 - children screened (27% of under 3 population - increase from 19% in 2003)

*See Appendix C for County Report

Primary Referral Sources:

Medcenter One - 125

St. Alexius - 163

Parent Requests - 53

Description of Concern:

- ❖ Not all children eligible for EI are being identified throughout the Region, particularly in Emmons, and Sioux counties. These counties fall below the 1% and 2% standards.
- ❖ Potential referral sources do not fully understand the eligibility criteria for Right Track and EI or the benefits for families.
- ❖ Slight increase in average age - continue to promote earlier identification.
- ❖ Parents are apprehensive to seek assistance for their child from "Developmental Disabilities".
- ❖ Information given to parents needs to be timed appropriately and family friendly.
- ❖ There continues to be a need for the medical community to refer more children and at an earlier age. This has improved, but is not widespread.
- ❖ The Child Find plan needs to address special populations, such as refugees, homeless families, children exposed to drugs, crime, or domestic violence, families with members incarcerated,

rural families, reservations, children who are adopted and in foster care, and families with mental health issues.

- ❖ Medical community continues to need information on the eligibility criteria and the benefits of Right Track and EI. There is no system in place at this time to determine the number of children who are receiving services through non-Part C funded service providers and are not being referred to DDCM.
- ❖ All referrals (Right Track and Early Intervention) need to go to one place - Human Services Center.
- ❖ Children referred for concerns in expressive language, but who are not found eligible for Early Intervention, often continue to need intervention and are eligible for Early Childhood Special Education once they turn three years of age.
- ❖ Region VII has two geographic areas that are overlapping with other service areas: (1) Standing Rock Reservation interfaces with the State of South Dakota, (2) part of McLean County includes Ft. Berthold reservation. Ft. Berthold tribal government interfaces with a number of Human Service Center regions.
- ❖ Using the indicators of poor prenatal care, low birth weight, infant mortality, out-of-wedlock births, and childhood poverty to assist in pinpointing target areas in our region, the counties of Sioux and McLean have above the state in regional percentages in 3 areas. In addition, 6 of the 10 counties have significantly higher percentages of childhood poverty.
- ❖ Referral source not always aware of what happened to referral. Information back to the referral source is helpful in ongoing work with child/family.
- ❖ Need to monitor eligibility rate - percentage found not eligible is higher than standard set.

- ❖ Developmental screening is not universally practiced or promoted by professional community and parents in this Region.

Overview of Plan to Address Concern:

- ❖ Continue contact with agencies in each county, such as Public Health, Early Head Start, Tracking, Special Education units, schools, licensed day care programs, Social Services, tribal agencies, WIC, hospitals and clinics, etc. to promote early developmental screening.
- ❖ Deliver information packets through face-to-face presentations
- ❖ Advertise Right Track and EI through media - local newspapers, TV, radio, community screenings and other events
- ❖ Gather input from communities by tying in with an existing community event and provide childcare
- ❖ Monitor referral sources and follow up with referral sources
- ❖ Publicize Right Track to increase referrals to EI
- ❖ Obtain information from medical community on most effective ways to obtain referrals and provide developmental and eligibility information to medical providers
- ❖ Determine most effective activities to advertise services in special populations
- ❖ Use e-mail to gather information from individuals
- ❖ Give mailings to community agencies to distribute to families
- ❖ Talk with "community teams" to get information
- ❖ See recommendations from the state study identifying effective ways to get input from families on referral to Right Track

ACTION STEPS:	RESP. PARTIES:	TIMELINE:
1. Conduct focus groups in counties to develop strategies for increasing the number of children being served in EI <ul style="list-style-type: none"> - Focus on counties falling below 2% benchmark - Work with community interagency groups 	DD Prog. Admin., BECEP EI Coord.,RICC Coord.	December 31, 2004 *Review completed annually *Continue ongoing activities
2. Develop system to record and track Right Track referral sources Resources: Kid Track Program	BECEP EI Coord., BECEP Right Track Coord., RICC Coord. DD Prog. Admin., Standing Rock Right Track Coord.	October 31, 2003 Rev. to June 30, 2004/Rev. to 12-31- 05 Review data annually
3. Develop and distribute materials on the importance of developmental screening. <ul style="list-style-type: none"> -Work with community partners to develop materials -Target professionals and parents. 	RICC Coord., BECEP EI Coord., DD Prog. Admin., Standing Rock Right Track Coord. RICC Coord./BECEP and Standing Rock Right Track Coord.	July 31, 2004 Review materials semi-annually 5-31-06

<p>4. Maintain appropriate number of Right Track consultants in rural areas</p>	<p>BECEP EI Coord., BECEP Right Track Coord.</p>	<p>March 1, 2003 - completed Review staff coverage semi-annually or as needed Rev. 1-21-04 Rev. 5-31-06</p>
<p>5. Identify points of contact in the following special population groups to generate referrals:</p> <p>5A. Medical Community Resources: RICC members, Medical providers in Region VII communities, Members of the Clinical Services for Infant and Toddlers Directory</p> <p>5B. Homeless Population Resources: RICC members, Ruth Meiers (including walk-in clinic, Joanne's Health Care Clinic), Salvation Army, AID Inc., AARC, Community Action, Job Service, Youthworks, ecumenical organizations</p>	<p>BECEP Right Track Coord., BECEP Coord., RICC Coord., DDCM</p>	<p>June 30, 2004 Review list of contacts and contact semi-annually Reviewed 1-21-04 Revise to 5-31-06</p>

<p>5C. Families who have a member incarcerated Resources: RICC members, CENTRE Inc., ND Dept. of Parole and Probation, Head Start programs in Region VII, clergy local at the local and state correctional facilities, Youth Correctional Center, Lutheran Social Services, Transitional Living Center</p> <p>5D. Refugee Families Resources: RICC members, Lutheran Social Services, Region VII schools, child care providers, Even Start/Open Door, Social Services, Catholic Family Services, West Central Human Service Center</p> <p>5E. Families Exposed to Drugs, Crime Resources: RICC members, County Social Service offices, Local and County Law Enforcement, Medical facilities located in Region VII, Police Youth Bureau, Narcotics Anon., Alcoholics Anon., Community/church youth groups, Lutheran Social Services</p> <p>5F. Families Exposed to Violence Resources: RICC members, County Social Service offices,</p>		
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<p>AARC, Domestic Violence programs located in Region VII, ND CAWS, South Central District Judges, County State's Attorneys, County nurturing programs, local and county law enforcement, Bureau of Criminal Investigation</p> <p>5G. Rural and mobile families, including military Resources: RICC members, Community churches, County Public Health, County and NDSU Extension programs, Mental Health Association, local schools in Region VII, Region VII medical services providers, REC magazine & other agriculture publications, North Dakota National Guard, US Reserve units located in Region VII</p> <p>5H. Native American Families Resources: RICC members, Baby Face Program on Standing Rock Reservation, United Tribes, Sitting Bull College, KLND (radio station), Standing Rock Tracking Program, Indian Health Services, Head Start programs located in Region VII, WIC</p> <p>5I. Adoptive or Foster Care Families Resources: RICC members, Village Family Center, New</p>		
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<p>Horizons, Catholic Family Services, Head Start programs located in Region VII, Foster Parent Association, County Social Services, Physicians in Region VII, local schools in Region VII</p> <p>5J. Families with Mental Health Issues Resources: RICC members, West Central Human Service Center, North Dakota Partnership Program, ND Mental Health Association, Federation of Families, Dacotah Foundation, Community Mental Health Providers, County Social Services</p>		
<p>6. Develop process and implement plan to conduct longitudinal tracking (through age 5) of children referred to DDCM and who are not found eligible for services (monitor for re-referral to DDCM or to BECEP Early Childhood Special Education). Resource: Kid Track and ASSIST</p>	DD Prog. Admin., BECEP EI Coord.	December 31, 2003 Rev. to June 30, 2004 Rev. to 5-31-06
<p>7. Develop a Family Survey process to evaluate referral process</p>	BECEP EI Coord.	11-30-05
<p>8. Conduct Child Find partners meeting on an annual basis to evaluate referral process.</p>	BECEP EI Coord.	5-31-06

9. Develop process to insure feedback to referral sources	BECEP EI Coord./DDPA	11-30-05
10. BECEP staff and DDCM staff will report back to RICC re: eligibility determination percentages.	BECEP EI Coord./DDPA	Report provided quarterly until 5-31- 06

Indicators:

- ❖ At least 1% of the children from birth to one year of age and 2% of the children from birth to age 3 will be served in EI in each county in Region VII.
- ❖ There will be an increase in the number of referrals, especially from identified special populations, to Right Track and EI over a one-year period.

2.Target Area: EI SERVICES IN NATURAL ENVIRONMENTS *(Updated 01-18-05)*

❖ Review of Data:

- ❖ Data gathered through EI staff discussions and Clinical Services Focus Group
- ❖ The parent survey conducted in 2004 indicated that benefits parents receive from EI service include:
 - Emotional support
 - Service coordination
 - Opportunity for active participation
 - Child making progress
 - Access to special equipment
 - Access to information
 - Learning opportunities for siblings
 - Medical assistance
- ❖ As of 8-4-04, 59% of all IFSPs completed between 7-1-03 and 6-30-04 were completed in 45 days. Another 16% were completed within 55 days.
- ❖ Ability to collect data re: IFSPs and natural learning opportunities is challenged by lack of network connection to state data system. The data is not complete and there is no accurate accounting of the status of outcomes at this time. BECEP Infant Development staff have only been accessing ASSIST since fall of 2004.
- ❖ During a recent file review, the following information was collected:

- Multi-disciplinary evaluations for eligibility were documented in 74% of the files reviewed.
- Multi-disciplinary assessments for program planning were found in 67% of the files reviewed.
- 6-month reviews of the IFSP were documented in 46% of the files.
- 77% of the IFSPs reviewed listed appropriate consultants (based on child's PLF).

Description of Concern:

- ❖ Pediatric therapy services not available in all rural areas: Parents have to travel to services which is too time consuming and conflicts with parent work schedules and other family activities.
- ❖ Amount of therapy recommended by medical professionals can be cost prohibitive to families.
- ❖ All professionals need to be trained to work with pediatric population and parent training model.
- ❖ Families, physicians, and other referring agencies need ongoing in-service re: the benefits of prevention and intervention through EI
- ❖ Natural environment involves both location of services and integration of skill development into family's daily routine
- ❖ Staff need to be available when families need them
- ❖ Availability of child care providers who will offer care for children with special needs, infant care, and off-hours care
- ❖ Parent choice versus natural environment

- ❖ Decrease in funding possible, which could cause a decrease in staff
- ❖ Service delivery needs to be designed around unique and diverse needs of the family
- ❖ Training is needed for child care providers around special needs issues, especially behavior
- ❖ Access to equipment for families, child care providers and staff is needed
- ❖ Need for expanded use of technology to enhance multi-disciplinary approaches including communication between providers and families
- ❖ How do we meet the needs for socialization, interaction, and conversational communication for many of our children?
- ❖ Lack of opportunities for family based events in rural communities
- ❖ Need for training and program (financial) support in facilitating the inclusion of all children (especially children with more challenging needs) into their families and their communities.
- ❖ Community accessibility not recently assessed.
- ❖ Percentage of IFSPs completed with 45 days has dropped since last data taken.
- ❖ Family support needs are prioritized based on parent questionnaire and the family support priority determination worksheet. It is difficult to determine at this time, if family's needs are met or if they are satisfied with the service they receive.

Overview of Plan to Address Concern:

- ❖ Create a plan to develop and further enhance use of technological supports to:
 1. Address need for shortage of pediatric services in the rural area
 2. Improve communication between providers listed in the IFSP
 3. Provide information and training to families

4. Enhance multi-disciplinary approaches

- ❖ Advocate for adequate funding to support quality level of early intervention services (including maintaining a workable staff to client ratio)
- ❖ Provide in-service training for staff, medical professionals, referring agencies, parents, and child care providers regarding: delivery of services in a child's natural environments, taking advantage of natural learning opportunities, assistive technology, use of technology, supporting interaction of children in integrated settings, peer mentoring, the benefits of Early Intervention and integration
- ❖ Create more family-friendly community activities for infants, toddlers, and their families in Region VII

ACTION STEPS:	RESP. PARTIES:	TIMELINE:
<p>1. Expand access to multi-disciplinary services across Region VII by:</p> <p>1A. Setting up a regional work group consisting of parents and professionals to explore possibilities of obtaining a vehicle to act as a "mobile unit" for the purpose of providing assessment, services, and equipment exchange in all areas of Region VII. This work group is to make recommendations to the RICC for consideration of implementation.</p> <p>Resources: IPAT, University of Mary, local car</p>	<p>BECEP EI Coord. (RICC Coord.)</p>	<p>June 30, 2004</p>

dealerships, Ronald McDonald bus project, Outreach services from the State Developmental Center, West River Transportation, local book mobiles, local medical transportation, grant funding.		
1B. In-service BECEP staff on creative uses of accessible technology for purposes of parent training, provider communication, and consultation. Resources: In-house support, grant sources, University of Mary	BECEP EI Coord. (RICC Coord.)	
1C. Collaborate with state work group to explore use of "tele-medicine" concept. Resources: State DD Office (Deb Balsdon), State Technology Work Group	BECEP EI Coord.	Note: Not developed at this time.
1D. Assess technology needs for BECEP Early Intervention program.	EI Staff, EI Coord.	Ongoing
2. Survey activities for families of children birth to 3 in local communities on an ongoing basis and provide ongoing, coordinated information to families and professionals	BECEP EI Coord., BECEP Experienced Parent	December 31, 2003 and updated annually Rev. to April 21,

<p>working with infants and toddlers with unique needs.</p> <p>2A. Work with volunteers in local communities to enhance family based activities.</p> <p>Resources: RICC members, use of needs assessments and mapping, Pt. C funds for physical adaptations, NDInfo.org for regional listings, Infant and Toddler Enrichment Program, CCRR, CSCC, Baby Face grant, utilize existing community resources.</p>		<p>2004</p> <p>Rev. to 2-28-05</p>
<p>3. Provide in-service and training regarding facilitation of skill development through use of natural learning opportunities to:</p> <ul style="list-style-type: none"> • Parents • Child care providers • Medical professionals • Community agencies serving children birth to 3 • Referral sources • Early Intervention staff 	<p>Natural Learning Opportunities curriculum, Project Exceptional, Parents As Co-Trainers, Project-UND</p> <p>*BECEP Prog. Admin.</p>	<p>June 30, 2003</p> <p>Rev. to December 31, 2004</p> <p>Review need for training annually</p>
<p>4. Designate BECEP staff to actively participate with CSCC and CCRR to encourage child care in high need areas across the region (i.e. infant care, special needs, and off-hour care) (avail. and staying in childcare) ID childcare</p>	<p>BECEP EI Program Coord., DD Prog. Admin.</p> <p>(Michelle or Jody)</p>	<p>December 31, 2003 - completed</p> <p>Review activity quarterly</p>

needs throughout Region through Family Needs Assessment		Reviewed 1-21-04
5. Identify resource in each county of Region VII to assist in addressing training needs for child care providers. Resources: Local County Coalition, CSCC, CCRR, Natural Allies Project	BECEP EI Prog. Coord., BECEP Right Track Coord.	December 31, 2003 Review contact sources annually
6. Periodically monitor EI and DDCM staff availability in meeting family service needs as stated on IFSP. ❖ Apply for additional staff when increased family service needs are identified. ❖ Complete Family Survey annually to ask about availability of EI services in rural areas.	BECEP EI Prog. Coord., DD Prog. Admin.	Review quarterly Reviewed 1-21-04 Reviewed 5-5-04

Indicators:

- ❖ Early Intervention staff, families and other service providers will report satisfaction with the integration of natural learning opportunities into service provision.
- ❖ IFSPs will be completed within 45 days of referral unless upon family request.
- ❖ Evaluations of 100% of the children referred to EI will be completed in the areas of fine and gross motor, expressive and receptive language, cognition and social/emotional development by at least two evaluators of those reviewed.
- ❖ 100% of IFSPs will support Natural Learning Opportunities as written into outcome statements. (thru file monitoring annually)
- ❖ 100% of children/families receive transdisciplinary services to support their individual needs.

- ❖ All children in a daycare setting receiving infant development services will be supported to remain in their daycare setting per parent's wishes.

3.Target Area: FAMILY-CENTERED SYSTEM OF SERVICES *(Updated 01-18-05)*

Review of Data:

- ❖ Annual Family Satisfaction Survey - See Appendix B.
- ❖ DDCM Systems Indicator
- ❖ Samples of parent materials/handouts
- ❖ Family to Family Network Data
- ❖ RICC Parent Input
- ❖ Review of IFSP data relating to individualization of IFSP services and supports.
- ❖ Family involvement in Policy/Program development: Presently, Region VII employs one experienced parent who is available to consult on policy and program issues. Parents are presently employed as RICC coordinators. There is presently one Early Intervention family appointed to sit on the BECEP Policy Council. There are 7 families represented on the RICC of which 2 are the co-chairs.
- ❖ Recent file review revealed the following information:
 - 84% of the files reviewed showed evidence of parent participation and reporting.
 - 16% of files reviewed showed evidence of a discussion of family needs, resources, and priorities.
 - In none of the files - were translation services needed.

Issues to Consider:

- ❖ Do families choose their own outcomes?
- ❖ Are families satisfied with the progress on outcomes?
- ❖ Are families satisfied with services?
- ❖ Systems Indicators
- ❖ How are families oriented to services?
- ❖ Are Parent to Parent connections being facilitated as requested?

Description of Concern:

- ❖ How can parents tell they are receiving quality services? Parents don't always have a foundation of knowledge to know if they're receiving a quality service.
- ❖ Parents are not always ready to make connections with other parents.
- ❖ Need better preparation for families in developing their IFSPs.
- ❖ Information for families needs to be *re-introduced* when there is a greater "need to know".
- ❖ It can be difficult to physically, cognitively, and emotionally manage all the information relating to your child and the system.
- ❖ Parents may not be aware that they have a choice in DD and EI staff to work with.
- ❖ Parents need a local person to address parental questions/concern, especially in rural and reservation areas.
- ❖ Too much material coming to parents too quickly and material not organized by topic or when needed.

- ❖ Including BOTH parents on home visits, communications, meetings and anyone else parents define as “family”. Services and communications are often directed at the primary caregiver, usually the mother - often fathers and extended family are left out.
- ❖ Not all parents feel empowered to ask for services they want or need or even to ask questions.
- ❖ Application process for medical assistance is not always family-friendly and consistent; however parent survey revealed that the process for new families was easier and less complicated.
- ❖ IFSPs need to reflect individual service needs of family/services should look individualized from IFSP to IFSP.
- ❖ Agencies providing services to infants and toddlers need to continue to coordinate services so that all of a family's services/service providers are working towards the same outcomes.
- ❖ Due to the volume of referrals Region VII is handling, there is no process in place to involve all families in initial eligibility meetings. More information is needed on how families are made aware of eligibility status, the results of the evaluation (if appropriate) and right to appeal eligibility decision.

Overview of Plan to Address Concern:

- ❖ Facilitate Parent to Parent connections to support parents.
- ❖ Develop supports to enhance parent empowerment and decision-making.
- ❖ Address families' needs for information relating to medical assistance application and county's awareness of services to EI families.

- ❖ Create an organizational system (3-ring binder) for families to help with managing mountains of information that is provided to them.
- ❖ Develop strategies to extend services and communications friendly to all members of the family (siblings, fathers, extended family, etc.).
- ❖ Create a system to help families know what services are available, coordinate the services they have in place, and be informed about what needs could be addressed through the IFSP.

ACTION STEPS:	RESP. PARTIES:	TIMELINE:
1. Secure funding, recruit, hire and train experienced parent consultants in various areas of the region.	BECEP Experienced Parent, EI Program	December 31, 2003 (continue)
Resources: Family to Family Network, DD State Office, RICC membership	Coord., DD Prog. Admin.	
2. Develop a 3-ring binder system for families to organize material and forms given to them. <ul style="list-style-type: none"> ❖ Note: To include specific topic areas, rights notification, and a prioritization of certain materials at certain times. ❖ Collaborate on development of binder with Standing Rock Infant Development provider Resources: List of resources (i.e. DD Library, BECEP EI	BECEP Experienced Parent, BECEP Special Projects, BECEP EI Prog. Coord.	December 31, 2004 -Completed

library), Services Directory, Family Voices, Federation of Families		
<p>3. Develop IFSPs that reflect the unique/diverse needs of family and that reflect their changing needs and goals.</p> <p>3A. Revise and enhance the annual parent survey to better gather information re: individual needs.</p> <p>3B. Guidelines/indicators re: quality EI services will be developed and distributed to EI families prior to IFSP development.</p>	BECEP EI Prog. Coord., Experienced Parent, BECEP Special Projects Coord.	<p>December 31, 2003</p> <p>Rev. to April 21, 2004</p> <p>Rev. to 4-30-05</p>
<p>3C. Enhance an ongoing process of gathering information on individual families' needs and interests.</p> <p>Resources: Developmental benchmarks, Accreditation Council standards, Part C Regulations, BECEP Family Needs Assessment, Parent Interest Survey, Parent Satisfaction Survey, System Indicators</p>		
4. Develop directory of pediatric service staff/EI staff to improve coordination of services.	BECEP Experienced Parent	<p>December 31, 2003</p> <p>Rev. to December 31, 2004</p>
5. Develop method to jointly share in-service information between EI staff/pediatric service staff.	BECEP Experienced Parent	<p>December 31, 2003</p> <p>Rev. to December</p>

		31, 2004
6. Work with region, county and state economic assistance staff to develop accurate information for families applying for medical assistance and for county eligibility workers who are accepting the applications.	DD Prog. Admin., Experienced Parent, BECEP EI Prog. Coord., DD State Office Staff	July 1, 2003 - completed Review process semi-annually
7. Provide ongoing staff and parent training as identified in surveys or through the staff evaluation process.	BECEP EI Prog. Coord.	September 1, 2004 Review training need annually

Indicators:

- ❖ Families report satisfaction with services as outlined on their IFSP
- ❖ 100% of all EI families would be offered:
 - Resources to organize information (binder)
 - Resources to develop personalized outcomes
 - Explanation of rights
- ❖ 100% of families will be notified of their opportunity to attend their eligibility meeting.
- ❖ 100% of material distributed to families will be written in family friendly terms and available in alternative formats (written, auditory, etc.) and in the language of the family.
- ❖ 100% of families will be informed of their right to request a different DDCM and ID IPC.
- ❖ 100% of EI families will have an opportunity to be involved in policy and procedure development of BECEP. RICC, PC, Exp. Parent

- ❖ Family involvement in their child's evaluation and development and review of the IFSP is documented on 100% of the IFSPs.
- ❖ 100% of family meetings will report that families surveyed were held at convenient locations and times for the family and translators will be provided as need. (survey)

4.Target Area: EARLY CHILDHOOD TRANSITION *(updated 6-1-05)*

Review of Data:

- ❖ Transition statistics:
 - From 4-04 to 5-05, 9 children were determined eligible for continued DDCM (85%)
 - From 12-03 to 12-04, 73 children exited from EI. 31 children going into preschool services (82%)
 - 96.5% of all children turning 3 had Pt. B eligibility determinations completed.
 - 43% of these children were determined eligible.
- ❖ State Transition Interagency Agreement
- ❖ BECEP Transition Timeline
- ❖ Sioux County Focus Group
- ❖ In a recent file review: 69% of the IFSPs of children who would be in the transition phase contained a transition outcome.

Description of Concern:

- ❖ Some children may be getting lost in transitioning between EI and school services
- ❖ Continued confusion as to who is responsible after child turns 3 (Sioux County Focus Group).
- ❖ Region VII is a large region with many players - 10 special education units.
- ❖ Options for services differs from district to district.
- ❖ May take longer in rural areas to arrange for appropriate services.
- ❖ Difficult to prepare families since eligibility is different from EI to school services.

- ❖ Can be difficult for parents to deal with "labeling" when child shifts from EI to school services.
- ❖ Late spring/summer birthdays - inconsistency of services available
- ❖ Need to include social-emotional needs of child in assessment process.
- ❖ Need for definition of roles and responsibilities at transition meetings.
- ❖ Concerns that testing at 3 will limit child in terms of future expectations.
- ❖ More follow-up needed by DDCM/ID after child turns 3.
- ❖ Joint assessments are not being completed by all special education units.
- ❖ Different service options available in different special education units.
- ❖ Need for improved communication between EI and special education.
- ❖ Not all special education units using the Non-Categorical Delay criteria for eligibility

Overview of Plan to Address Concern:

- ❖ Identify major players in Region VII who may be involved in transition at age 3.
- ❖ Ask for assistance/direction re: defining how summer birthdays should be addressed and what.
- ❖ Ask for assistance around how monitoring of transition services should be completed.
- ❖ Revise BECEP transition guidelines.
- ❖ Better defined roles and responsibilities/information for families.

ACTION STEPS:	RESOURCES:	TIMELINE:
<p>1. Recommend to state DHS and DPI offices that joint policy or guidelines be developed to address:</p> <ul style="list-style-type: none"> A. Monitoring of transition process B. Summer Birthdays C. Joint assessments <p>Resources: State DD Office Staff, State DPI Office Staff, NECTAC</p>	<p>BECEP EI Prog. Coord., DD Prog. Admin.</p>	<p>August 31, 2003 - completed Reviewed on 6-1-05 - continue to monitor status of State Transition Work Group Review 6-1-06</p>
<p>2. Revise BECEP transition guidelines to include the following:</p> <ul style="list-style-type: none"> A. Timing of transition information given to families B. Providing advocacy or connection with other families who have experienced transition C. Broader description of services available in family's school district D. Explanation of parent/child rights E. Follow-up procedures (past transition) F. Summer services G. Difference in eligibility criteria among school districts 	<p>BECEP EI Prog. Coord., DD Prog. Admin., Experienced Parent</p>	<p>December 31, 2003 Rev. to December 31, 2004 Rev. to 8-31-05</p>

H. Communications with ECSE providers in a timely manner. I. Roles and responsibilities for 2-6/2-9 meetings.		
3. Develop directory of who in Region VII is responsible for transition activities as well as preschool options in each community.	BECEP EI Prog. Coord., DD Prog. Admin.	December 31, 2003 -completed Review annually Revise to 6-1-06
4. Parent information will be developed which includes the following: <ul style="list-style-type: none"> • Flow chart showing transition process • Transition Meeting Agendas • Service Options • Description of Least Restrictive Environment • ESY determinations (Extended School Year) 	Experienced Parent/BECEP EI Coord.	8-31-05

Indicators:

- ❖ 100% of all IFSPs will have a transition outcome by 2 years that will prepare families, children, and the receiving agencies for transition.
- ❖ Families will be offered resources in preparing for transition from Early Intervention to school services, including parent-to-parent connections.

- ❖ All assessments (100%) needed to determine preschool eligibility will be conducted jointly by EI and pre-school staff, as appropriate.
- ❖ Receiving agencies and parents of transitioned children will be surveyed regarding their satisfaction and recommendations on improving the transition process.
- ❖ Transition timelines stated in the ND Memorandum of Understanding will be met for 100% of children transitioning from ID.

5.Target Area: **GENERAL SUPERVISION** *(Updated 01-18-05)*

Description of Concern:

- ❖ Lack of staff time to implement all the action steps/monitor overview of plan
- ❖ Parents on RICC need to represent different ages/stages of children
- ❖ Not all areas of discussion in RICC are pertinent to the full committee
- ❖ There are many players who may want input
- ❖ Need more family and medical staff input

Overview of Plan to Address Concern:

- ❖ Develop ongoing role of Region VII RICC
- ❖ Secure funding for assistance to implement QIP

ACTION STEPS:	RESP. PARTIES:	TIMELINE:
<p>1. In order to determine if the Quality Improvement Plan needs modification, RICC will monitor compliance data.</p> <ul style="list-style-type: none"> ❖ Compliance data to include: 45 day timeline to complete initial IFSP, % of children under 3 served, % of children under 1 served, average age of referral, % of children screened through Right Track, completion of 6 month and annual reviews of IFSPs, completion of multi-disciplinary evaluations, 	<p>BECEP EI Prog. Coord., DD Prog. Admin., RICC Coord., RICC members</p>	<p>Review data semi-annually</p>

safeguards around rights (sample file).		
2. Review progress on action steps as needed. Expand	BECEP EI Prog. Coord., DD Prog. Admin., RICC members, RICC Coordinator	Review quarterly
3. Review RICC membership	BECEP EI Prog. Coord., DD Prog. Admin., RICC members, RICC Coordinator	Review quarterly
4. Create an operational structure of the Region VII RICC (See Appendix D)	BECEP EI Prog. Coord., DD Prog. Admin., RICC Coord., RICC members	September 30, 2004 -completed
5. Provide RICC members with initial orientation and on-going training as appropriate for committee membership and participation.	BECEP EI Prog. Coord.	Annually and as requested by RICC members

Indicators:

- ❖ Region VII Early Intervention services will have an operational, internal monitoring system that will be effective in providing high quality early intervention services to families and children in this region.